



MITCHELL E. DANIELS, Jr., Governor

## STATE OF INDIANA

State Form 52463 (12-05)

DEPARTMENT OF HOMELAND SECURITY

J. ERIC DIETZ, EXECUTIVE DIRECTOR

Indiana Government Center South

302 West Washington Street

Indianapolis, IN 46204

317-232-3980

### EMT-INTERMEDIATE APPLICATION FOR RECIPROCITY

Applicant's Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone # (Day) \_\_\_\_\_ \*I.D.# \_\_\_\_\_ Birth Date \_\_\_\_\_

**\* Please provide either your Driver's License Number or State Identification Number.**

Applicants for EMT-Intermediate certification based upon reciprocity shall be affiliated with a certified Intermediate level provider organization and meet one (1) of the following requirements:

To obtain certification as an EMT-Intermediate based upon reciprocity, an applicant shall be affiliated with a certified Intermediate provider organization and who, at the time of applying for reciprocity, holds current registration by the National Registry of Emergency Medical Technicians as an EMT-Intermediate 99.

Any nonresident of Indiana who possesses a certificate or license as an EMT-Intermediate that is valid in another state and was issued based on completion of the U.S. Department of Transportation EMT-Intermediate 99 curriculum may apply to the agency for temporary certification as an EMT-Intermediate. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue a temporary certification that shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the director, whichever period of time is shorter. A person receiving temporary certification may apply for full certification upon proof of registration as an EMT-Intermediate 99 by the National Registry of Emergency Medical Technicians.

1. Did you complete an Intermediate Course that complied to the D.O.T. 1999 Guidelines? \_\_\_\_\_
2. Name and Location of Course \_\_\_\_\_
3. In what state are you currently certified as an EMT-Intermediate? \_\_\_\_\_
4. Current State Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
5. National Registry Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been charged or convicted of a crime other than minor traffic violations? ☐ Yes ☐ No

I understand that if I am approved for reciprocity by the State of Indiana I will be required to successfully complete the National Registry Emergency Medical Technician Intermediate Practical and Written Examinations prior to submitting an application for certification.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

Certification Supervisor, Indiana Department of Homeland Security  
302 West Washington, Room E239, Indianapolis, IN 46204  
Questions? Please call us at 1-800-666-7784